

**Alabama Department of Mental Health and Mental Retardation
Alabama Community Services Information System (ACSIS)
ANSI ASC X12N 837P Companion Guide for Data Submission**

Version 7 (September 19th 2007)

The Health Insurance Portability and Accountability Act (HIPAA) requires that Alabama DMHMR comply with the EDI standards for health care as established by the Secretary of Health and Human Services. The ANSI ASC X12N 837P - Professional implementation guides have been established as the standards of compliance for Professional Health Care Claim transactions. The implementation guides for each transaction are available electronically at www.wpc-edi.com.

The following information is intended to serve only as a companion document to the HIPAA ANSI ASC X12N 837P – Professional implementation guide. The table contains specific requirements for processing and submitting Community Services data to the Alabama Community Services Information System (ACSIS) Database.

The use of this document is solely for the purpose of clarification. This document supplements, but does not contradict, any requirements in the ANSI ASC X12N 837P - Professional implementation guide.

Please note:

- 837P transactions allow the following delimiters: > (greater than), * (asterisk), ~ (tilde), : (colon), | (pipe), ! (exclamation point), and ^ (carat). Submitting delimiters not supported within this list may cause unpredictable results. Preferred delimiters are: ~ (tilde) for segment separators, * (asterisk) for data element separators, and : (colon) or > (greater than) for component data element separators. **The usage of these characters within text data elements in the 837P transaction may cause problems with creation of subsequent transactions.**
- Only loops, segments, and data elements valid for the HIPAA 837P -Professional Implementation Guide will be translated. Submitting data that is not valid based on the Implementation Guide will cause data submissions to be rejected.
- All dates in an 837P transaction must be valid calendar dates in the appropriate format based on the respective qualifier and corresponding date format defined in the implementation guide. Failure to submit a valid calendar date will result in rejection of the transaction.
- Alabama DMHMR will process only one transaction type (records group) per interchange (transmission); a submitter must submit only one GS-GE (Functional Group) within an ISA-IEA (Interchange).

INFORMATION IN THIS GUIDE IS SUBJECT TO CHANGE

- Alabama DMHMR will process only one transaction per functional group; a submitter must submit only one ST-SE (Transaction Set) within a GS-GE (Functional Group).
- For the purposes of processing ACSIS Data submitted in 837P format, Alabama DMHMR assumes the Subscriber and the Patient/Client are the same. Also, there will be a limit of one service line per claim line.
- The ACSIS Data Submission should include the standard uniform data reporting files (in dbase format) ARORnnn.DBF, HSCLnnn.DBF and HSMOnnn.DBF in addition to the new 837P Transaction file. The name of the 837P Transaction file should be 837Pnnn.TXT, where nnn is your Organization ID. All of these files should be sent compressed in ZIP format and named CDRnnnxx.ZIP, where nnn is your Organization ID and xx is the month of service.

Document Change Log

Version	Date	Description of change
7	9/19/2007	CORRECTION: Rendering Provider Segment (Loop 2420A): NM108 changes from "24" to "XX"
6	4/10/2007	Billing Provider Segment (Loop 2010AA): NM108 changes from "24" to "ZZ" NM109 changes from EIN of CSP to NPI of CSP Rendering Provider Segment (Loop 2420A): NM108 changes from "24" to "ZZ" NM109 changes from EIN of CSP to NPI of CSP

INFORMATION IN THIS GUIDE IS SUBJECT TO CHANGE

* added or changed in this release

Loop	Segment	Name	ACSIS Crosswalk	Notes
	ISA	Interchange Control Header		
	ISA05	Interchange ID Qualifier		"ZZ"
	ISA06	Interchange ID Sender ID	AROR->ORGID	Use your ORGID, followed by 12 spaces to meet the min/max data element requirement for ISA06.
	ISA07	Interchange ID Qualifier		"ZZ"
	ISA08	Interchange Receiver ID		'ALDMHMR' followed by 8 spaces to meet the min/max data element requirement for ISA08.
	BHT	Begin Hierarchical Transaction		
	BHT06	Transaction Type Code		"CH"
1000A		Submitter Name		
	NM103	Organization Name	AROR->NAME	Name of CSP
	NM109	Identification Code	AROR->ORGID	CSP Organization ID
1000B		Receiver Name		
	NM103	Organization Name		"ALDMHMR"
	NM108	Identification Code Qualifier		"46"
	NM109	Identification Code		"63-60000619-63"
2010AA		Billing Provider Name		
	NM103	Organization Name	AROR->NAME	Name of CSP
	NM108*	Identification Code Qualifier		"ZZ"
	NM109*	Identification Code		NPI of CSP
	N301	Address Information	AROR->ADDRESS1	Address Line 1
	N302	Address Information	AROR->ADDRESS2	Address Line 2
	N401	City Name	AROR->CITY	
	N402	State Code	AROR->STATE	
	N403	Postal Code	AROR->ZIP	
2000B		Subscriber Hierarchical Level		
	SBR01	Payer Rsp. Seq. Number Code		"T"
2010BA		Subscriber Name		
	NM103	Name Last	HSCL->LASTN	
	NM104	Name First	HSCL->FIRSTN	
	NM108	Identification Code Qualifier		"MI"
	NM109	Identification Code	HSCL->CLIENT	Case number
	N301	Address Information	HSCL->MAILADDR1	Mail Address Line 1
	N302	Address Information	HSCL->MAILADDR2	Mail Address Line 2
	N401	City Name	HSCL->MAILCITY	
	N402	State Code	HSCL->MAILSTATE	
	N403	Postal Code	HSCL->MAILZIP	
	DMG01	Date Time Period Format Qual.		"D8"
	DMG02	Date Time Period	HSCL->LONGDOB	Client DOB as CCYYMMDD
	DMG03	Gender Code	HSCL->SEX	
	REF01	Ref. Identification Qualifier		"SY"
	REF02	Reference Identification	HSCL->SSN	Client SSN
2010BB		Payer Name (Destination Payer)		
	NM103	Organization Name		"ALDMHMR"
	NM108	Identification Code Qualifier		"PI"
	NM109	Identification Code		"63-60000619-63"
2300		Claim Information		
	CLM01	Claim Submitter's Identifier	ACTV->CLIENT+ Sequence number	6 digit Case number, followed by an 8 digit

INFORMATION IN THIS GUIDE IS SUBJECT TO CHANGE

				sequence number (with leading zeroes) that guarantees that the Claim is uniquely identified within the CSP. Ex: 12345600000001
	CLM05 - 1	Facility Code Value		"53" or "55"
	CN101	Contract Type Code		"09"
	CN104	Reference ID	ACTV->INSNO	
2400		Service Line		
	LX	Service Line Counter		Since there is a limit of 1 Service Line per Claim line, this value will always be "1"
	SV101 - 1	Prod/Service ID Qualifier		"HC" for HCPCS codes
	SV101 - 2	Prod/Service ID	Code from ACTV->ACTIV crosswalk	HCPCS Code from ACSIS Activity Coding Crosswalk Table
	SV101 - 3	Procedure Modifier 1		Used as needed to clarify procedure code
	SV101 - 4	Procedure Modifier 2		Used as needed to clarify procedure code
	SV101 - 5	Procedure Modifier 3		Used as needed to clarify procedure code
	SV101 - 6	Procedure Modifier 4		Used as needed to clarify procedure code
	SV102	Monetary Amount (Submitted Charge)	ACTV->CHARGE	Charge in format '99999999.99'
	SV103	Unit or Basis for Measurement Code		"MJ" for minutes "UN" for units
	SV104	Quantity (Service Unit Count)	ACTV->CLIENTIM	Client Time in format '999.99'
	DTP03	Date/Time Period	ACTV->DATE	Service Date (CCYYMMDD)
	CN101	Contract Type Code		"09"
	CN104	Reference Identification	ACTV->PROG	Contract Code from ACSIS Contract Code Table
2420A		Rendering Provider Name		
	NM108*	Identification Code Qualifier		"XX"
	NM109*	Identification Code		NPI of CSP
	REF01	Reference ID Qualifier		"N5"
	REF02	Reference ID	ACTV->STAFF	Staff Code